

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		01/18/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		2-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	2/14

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date									
Final	Original	08	01	05	08	10	11	12	01	02
1	✓	✓	✓							
2	✓	✓	✓							
3	✓	✓	✓							
4	✓	✓	✓							
5	✓	✓	✓							
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1 is added
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Claim	Date									
Final	Original	08	11	12	01	02	03	04	05	06
51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
52	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Claim	Date									
Final	Original	08	11	12	01	02	03	04	05	06
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If more than 150 claims or 10 actions
staple additional sheet here

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